

**Low-Income Housing
&
Section 8 Program**

Before going any further read the instructions below.

Applications received without the listed information will be returned!
It is the responsibility of the applicant to provide the following information. The
Housing Authority will not pull any information from previously existing files.

Required Information

Copy of Picture ID:

All adult household members.

Copy of Social Security Card(s):

All household members.

Copy of Birth Certificate(s):

All children under age 18

Application Name: _____ Staff Initials: _____

Date Received: _____

Time Received: _____

APPLICATION FOR ADMISSION
HOUSING AUTHORITY OF THE CITY OF CAMERON, TEXAS

NAME _____ DATE OF BIRTH _____ RACE _____

TELEPHONE _____ DRIVER'S LICENSE NO. _____

MARRIED _____ UNMARRIED _____ SEPARATED _____ HOW LONG _____

PRESENT ADDRESS _____ CITY _____ STATE _____ ZIP _____

OWNER/MANAGER _____ HOW LONG AT THIS ADDRESS _____

APPLICANT'S PLACE OF EMPLOYMENT _____ HOW LONG _____

ADDRESS _____ TELEPHONE _____

POSITION _____ SUPERVISOR _____

SPOUSE'S PLACE OF EMPLOYMENT _____ HOW LONG _____

ADDRESS _____ TELEPHONE _____

POSITION _____ SUPERVISOR _____

OTHER ADULT'S PLACE OF EMPLOYMENT _____ HOW LONG _____

ADDRESS _____ TELEPHONE _____

POSITION _____ SUPERVISOR _____

INCOME AMOUNT _____ SOURCE _____

OTHER INCOME _____ SOURCE _____

MEDICAL EXPENSE (ELDERLY ONLY) _____ CHILD CARE EXPENSE _____

MEDICAL DISABILITIES _____ FAMILY MEMBER _____

CREDIT REFERENCES _____

BANK _____ ACCOUNT # _____

OTHER _____ ACCOUNT # _____

OTHER _____ ACCOUNT # _____

APPLICATION FOR ADMISSION
HOUSING AUTHORITY OF THE CITY OF CAMERON, TEXAS

EMERGENCY CONTACT _____ **PH. #** _____

ADDRESS _____ **RELATIONSHIP** _____

WILL THERE BE ANY CHILDREN UNDER 12 YEARS OF AGE UNATTENDED AT ANY TIME? _____

DO YOU HAVE ANY PETS? _____ **SPECIFY** _____

DO YOU OWN A MOTORCYCLE OR OTHER VEHICULAR APPARATUS? _____

WILL YOU HAVE ANY MUSICAL INSTRUMENTS? _____ **SPECIFY** _____

HOW MANY CARS DO YOU HAVE? _____ **MAKE** _____ **LICENSE #** _____

HAVE YOU EVER HAD ANY SUITS, JUDGMENTS, OR COLLECTIONS FILED AGAINST YOU? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

HAVE YOU EVER HAD A HOUSE OR CAR REPOSSESSED? _____

HAVE YOU EVER BEEN EVICTED OR REFUSED HOUSING ELSEWHERE? _____

HAVE YOU LIVED IN A HOUSING AUTHORITY PREVIOUSLY? _____

WHERE AND WHEN? _____

APPLICATION/TENANT CERTIFICATION
APPLICANT(S)'S /TENANT(S)'S STATEMENT

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT FALSE STATEMENT OR INFORMATION ARE PUNISHABLE UNDER FEDERAL AND STATE LAWS. I ALSO UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR DENIAL OF HOUSING OR ASSISTANCE, TERMINATION OF HOUSING ASSISTANCE, AND TERMINATION OF TENANCY.

THIS APPLICATION IS MADE WITH THE UNDERSTANDING THAT IT IS TO BE PROCESSED FOR BOTH CREDIT AND CHARACTER REFERENCES. I HAVE NO OBJECTION TO INQUIRIES FOR THE PURPOSE OF VERIFICATION OF THE ABOVE STATEMENTS. THIS INCLUDES A POLICE CHECK. IT IS UNDERSTOOD THAT THE ABOVE INFORMATION WILL BE HELD IN STRICT CONFIDENCE. I ALSO UNDERSTAND THIS APPLICATION IS GOOD FOR ONLY SIX (6) MONTHS FROM THE DATE OF APPLICATION.

I MUST RENEW THIS APPLICATION EACH SIX (6) MONTHS THEREAFTER IF I DESIRE MY APPLICATION TO REMAIN ACTIVE.

Credit Bureau _____ Apt. Association _____

Police Dept. _____ Checked by _____

Date Cancelled _____ Date Renewed _____

SIGNATURE OF HEAD OF HOUSEHOLD _____ DATE _____ SIGNATURE OF SPOUSE _____ DATE _____

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

HOUSING AUTHORITY OF CAMERON
P.O. BOX 549
CAMERON, TX. 76520
(254) 697-6523

James Thompson - Director

HA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAS for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Original is retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, & 7465.1

form HUD-9886 (7/94)

SECTION 8 PROGRAM
(ALL APPLICABLE INFORMATION MUST BE PROVIDED)
PLEASE PRINT CLEARLY

DATE : _____

NAME: _____

**ADDRESS WHERE YOU ARE
CURRENTLY LIVING:**

**MAILING
ADDRESS:** _____

City, State, Zip Code

City, State, Zip Code

Daytime Telephone Number:

() _____

Check one: I am ____ Married,
 ____ Single, ____ Separated,
 ____ Divorced

Including yourself, list all members of your household that would be living in the unit. Do not leave out any information !! (Use additional sheet if necessary.)

NAME	AGE	SOCIAL SECURITY NUMBER	Date of Birth	Relationship	Place of Birth

Race of Head of Household : ____ White ____ Black ____ American Indian/Alaska Native ____ Asian/Pacific Islander

Ethnicity of Head of Household: ____ Hispanic ____ Non-Hispanic

Check any of the following that may apply to your current family circumstances:

- ____ I have recently been displaced because of government action.
 ____ I have recently been displaced because the unit I was living in was extensively damaged or destroyed as a result of a nationally declared disaster or a disaster caused by local circumstances (ex: flood, fire, tornado, etc.)
 ____ I have recently been a victim of domestic violence.

IF YOU CHECKED ANY OF THE ABOVE, YOU MUST PROVIDE VERIFICATION OF THE PARTICULAR CIRCUMSTANCE WITH THIS PRE-APPLICATION. The verification must be from a third party. EXAMPLE: If you have been displaced from your unit because of a fire, the local fire department could verify your situation. If you have been a victim of domestic violence, a shelter or police report could verify your situation. IF YOU CANNOT VERIFY THE SITUATION CLAIMED, YOUR NAME WILL BE PLACED ON THE WAITING LIST ACCORDING TO DATE AND TIME CHA RECEIVES YOUR COMPLETED PRE-APPLICATION.

Income information

Income includes, but is not limited to: wages, salaries, overtime pay, commissions, fees, tips and bonuses, interest and dividends from assets, severance pay, TANF benefits, social security (SS), social security disability, social security income (SSI), alimony, child support, regular contributions or gifts from person (s) not residing in your household, all regular pay, special pay and allowances of a member of the ARMED FORCES (whether or not that person is living in the unit).

LIST ALL SOURCES OF INCOME FOR EACH FAMILY MEMBER (Use additional sheet if necessary)

Family Member Name	Source/Type	Amount Per Month

APPLICANT CERTIFICATION: I/We certify that the information above regarding my/our household composition and income is accurate and complete.

Signature of Head of Household

Date

INSTRUCTIONS FOR COMPLETING THE PRE-APPLICATION PACKET AND REQUIRED INFORMATION THE FAMILY MUST SUPPLY:

- You must complete the pre-application packet being sure to sign and date.
- Each family member, 18 or older, must sign the Authorization for Release of Information form provided with the pre-application packet.
- Each family member, 18 or older, must sign the Criminal History Consent form provided with the pre-application packet.
- Each family member, 18 or older, must complete the Declaration of U.S. form provided with the pre-application packet. The head of household must complete the form for each minor child in the household.
- You must provide copies of identification for each member of your household. (You can use a driver's license or other picture id for yourself and spouse, if present. Birth certificates provided for the children.)
- You must provide copies of Social Security cards for each member of your household. (If the card is not available, a receipt from the Social Security office showing you have re-ordered the card is acceptable with the pre-application process.)
- You must list all sources of income for each family member.
- Pre-application packets can be returned, in person to our office during regular scheduled hours. If you are returning the packet by mail, it must be sent to the following address: CAMERON HOUSING AUTHORITY P.O. BOX 549 CAMERON, TEXAS 76520.

LOW-INCOME HOUSING**(ALL APPLICABLE INFORMATION MUST BE PROVIDED)****PLEASE PRINT CLEARLY**

DATE : _____

NAME: _____

ADDRESS WHERE YOU ARE
CURRENTLY LIVING:

MAILING

ADDRESS: _____

City, State, Zip Code

City, State, Zip Code

Daytime Telephone Number:

(____) _____

Check one: I am _____ Married,
_____ Single, _____ Separated,
_____ DivorcedIncluding yourself, list all members of your household that would be living in the unit. *Do not leave out any information !! (Use additional sheet if necessary.)*

NAME	AGE	SOCIAL SECURITY NUMBER	Date of Birth	Relationship	Place of Birth

Race of Head of Household : _____ White _____ Black _____ American Indian/Alaska Native _____ Asian/Pacific Islander

Ethnicity of Head of Household: _____ Hispanic _____ Non-Hispanic

Check any of the following that may apply to your current family circumstances:

_____ I have recently been displaced because of government action.

_____ I have recently been displaced because the unit I was living in was extensively damaged or destroyed as a result of a nationally declared disaster or a disaster caused by local circumstances (ex: flood, fire, tornado, etc.)

_____ I have recently been a victim of domestic violence.

IF YOU CHECKED ANY OF THE ABOVE, YOU MUST PROVIDE VERIFICATION OF THE PARTICULAR CIRCUMSTANCE WITH THIS PRE-APPLICATION. The verification must be from a third party. EXAMPLE: If you have been displaced from your unit because of a fire, the local fire department could verify your situation. If you have been a victim of domestic violence, a shelter or police report could verify your situation. IF YOU CANNOT VERIFY THE SITUATION CLAIMED, YOUR NAME WILL BE PLACED ON THE WAITING LIST ACCORDING TO DATE AND TIME CHA RECEIVES YOUR COMPLETED PRE-APPLICATION.

Income information

Income includes, but is not limited to: wages, salaries, overtime pay, commissions, fees, tips and bonuses, interest and dividends from assets, severance pay, TANF benefits, social security (SS), social security disability, social security income (SSI), alimony, child support, regular contributions or gifts from person (s) not residing in your household, all regular pay, special pay and allowances of a member of the ARMED FORCES (whether or not that person is living in the unit).

LIST ALL SOURCES OF INCOME FOR EACH FAMILY MEMBER (Use additional sheet if necessary)

Family Member Name	Source/Type	Amount Per Month

APPLICANT CERTIFICATION: I/We certify that the information above regarding my/our household composition and income is accurate and complete.

Signature of Head of Household

Date

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- Each family member, 18 or older, must complete the Declaration of U.S. form provided with the pre-application packet. The head of household must complete the form for each minor child in the household.
- You must provide copies of identification for each member of your household. (You can use a driver's license or other picture id for yourself and spouse, if present. Birth certificates provided for the children.)
- You must provide copies of Social Security cards for each member of your household. (If the card is not available, a receipt from the Social Security office showing you have re-ordered the card is acceptable with the pre-application process.)
- You must list all sources of income for each family member.
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“ONE STRIKE, YOU’RE OUT” POLICY

In accordance with the US Department of Housing and Urban Development’s “One Strike You’re Out” provisions, CHA will be screening applicants /participants to determine whether they may have engaged in drug-related, including controlled substances and/or alcohol abuse, or violent criminal activity within the last three (3) years.

CHA will check criminal history for all adults (18 years or older) in each household

By obtaining verification through appropriate local law enforcement agency records, via computer systems or manual records, to determine whether any member of the family has engaged in violent or drug-related criminal activity. CHA may pursue fact-finding efforts as needed to obtain other credible evidence as well. Credible evidence may be obtained from police and/or court records. Testimony from neighbors, when combined with other factual evidence, can be considered credible evidence. Other credible evidence includes documentation of drug raids or arrest warrants.

Drug-related or violent criminal activity means:

- The manufacture, sale or distribution or the possession with intent to manufacture, sell, or distribute a controlled substance.
- The use or possession (other than with intent to manufacture, sell, or distribute) of a controlled substance.
- A pattern of abuse of alcohol that may interfere with the health, safety, or right to peaceful enjoyment of the housing unit’s inhabitants or neighbors.
- Drug-related criminal activity does not include the prior use or possession of a controlled substance if the family member had an addiction to the substance **and** has recovered or is recovering from the addiction and does not currently use or possess the substance. **(CHA will require written verification from the institution currently providing treatment or which previously provided the recovery treatment.)**

Applicants will be denied assistance if they have engaged in or have been convicted /evicted from a unit due to drug-related or violent criminal activity within the last three (3) years prior to the date of eligibility determination.

Participants who have engaged in or been convicted/evicted from a unit due to drug-related or violent criminal activity within the last three (3) years prior to the date of the notice or terminate assistance, or whose activities have created a disturbance in the building or neighborhood will be terminated.

If the family violates the lease for drug-related or violent criminal activity, the CHA will terminate assistance.

* * * *

All screening, denial of eligibility or termination of assistance procedures shall be administered fairly and in such a way so as not to discriminate on the basis of race, color, nationality, religion, sex, familial status, disability or other legally protected groups, and not to violate one's right to privacy. To the maximum extent possible, and permissible by law, CHA will involve other community and governmental entities and other appropriate organizations, in the promotion and enforcement of this policy.

Each member of your household who is 18 years of age or older must sign this consent form. This consent form, complete with the appropriate names and signatures, must be received as a part of your pre-application packet.

Authorization: I hereby authorize CHA to obtain criminal history information and perform background checks as authorized in the "One Strike, You're Out" policy. I further authorize law enforcement and other organizations to release any necessary information to CHA.

_____ Head of Household (Type or Print Name)	_____ Signature	_____ Date
_____ Family Member 18 or over (Type or Print Name)	_____ Signature	_____ Date
_____ Family Member 18 or over (Type or Print Name)	_____ Signature	_____ Date
_____ Family Member 18 or over (Type or Print Name)	_____ Signature	_____ Date

Computerized Criminal History (CCH) Verification
(AGENCY COPY)

I, _____, have been notified that a computerized criminal history (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L1Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Cameron Housing Authority
Agency Name (Please print)

James Thompson
Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space		
CCH Report Printed:		
YES _____	NO _____	_____ initial
Purpose of CCH: _____		
Hire _____	Not Hired _____	_____ initial
Date Printed: _____		_____ initial
Destroyed Date: _____		_____ initial
Retain in your files		

DECLARATION OF U.S. CITIZENSHIP

NOTE: For each adult, this form must be signed by the adult. For each child, the form must be signed by an adult member of the family residing in the assisted dwelling unit who is responsible for the child.

I hereby declare, under penalty of perjury, that I am a citizen of the United States of America.

Head of Household	
Print Name	Signature/Date

Spouse	
Print Name	Signature/Date

Household Member #1	
Print Name	Signature/Date

Household Member #2	
Print Name	Signature/Date

Household Member #3	
Print Name	Signature/Date

Household Member #4	
Print Name	Signature/Date

Witness: Signature and Date

... this form must be signed by the adult. For each child, the form must be signed by an adult member of the family residing in the assisted dwelling unit who is responsible for the child.

I hereby declare, under penalty of perjury, that I am a non-citizen declaring eligible immigration status. I also authorize CTHAP personnel to verify this eligibility with the U.S. Immigration and Naturalization Service (INS) Systematic Alien Verification for Entitlement (SAVE) system or INS SAVE.

Head of Household	
Print Name	Signature/Date

Spouse	
Print Name	Signature/Date

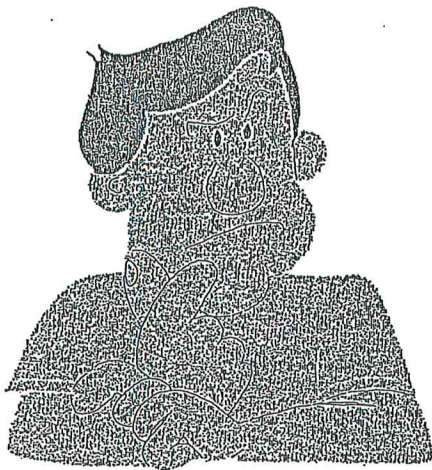
Household Member #1	
Print Name	Signature/Date

Household Member #2	
Print Name	Signature/Date

Household Member #3	
Print Name	Signature/Date

Household Member #4	
Print Name	Signature/Date

Witness: Signature and Date



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

October 2005